

Instructions for Completing Home Inspector application via Grandfather Provision ONLY

- a) Complete and return the application with the appropriate fee: \$125.00 for home inspectors qualifying under the grandfather clause. Payment must be made in the form of a check or money order payable to the "State of New Jersey."
- b) Complete and sign the Child Support Questionnaire and the Medical Conditions questionnaire.
- c) Provide copies of income tax returns, business incorporation papers or similar documentation to verify you were in the business of performing (a) 300 home inspections completed over a three years prior to December 30, 2005 or (b) 400 home inspections completed anytime prior to December 30, 2005.
- d) Submit a list of (a) 300 home inspections that you completed over a three year period prior to ***December 30, 2005***, in chronological order, or (b) 400 home inspections completed anytime prior to ***December 30, 2005***, in chronological order. All home inspections must have been performed for compensation. **INSPECTIONS ON LIST PROVIDED MUST COINCIDE WITH YEARS OF THE TAX AND WAGE STATEMENTS PROVIDED AS PROOF EMPLOYMENT!** *Please note that the grandfather application states that the list of inspections should be prior to June 3, 2002. However, that date is no longer valid as the deadline was extended until December 30, 2005.*
- e) **CERTIFICATE OF INSURANCE-** Please be advised that N.J.S.A. 45:8-76 and N.J.A.C. 13:40-15.7, require that every licensed home inspector engaged in the profession of home inspection shall secure, maintain and file with the Committee, proof of a certificate of an errors and omissions insurance policy in the minimum amount of \$500,000.00 per occurrence. Therefore, please instruct your insurance carrier to submit proof of this coverage by providing an **original** certificate of insurance, stating all **individuals** covered under the policy, directly to the Committee office with your application number prominently referenced on it. **COPIES OR FACSIMILES WILL NOT BE ACCEPTED.** If the certificate of insurance is in the name of the company the insurance carrier must inform the Committee office of the individual(s) who are covered by listing their name(s). Finally, the Home Inspection Advisory Committee **MUST BE REFERENCED AS A CERTIFICATE HOLDER** in the event that the policy is renewed, altered or canceled.
- f) **PROOF OF EXAMINATION-** Provide proof of successful completion of the National home Inspector Examination (EBPHI) in form of the original score card. Additional information and forms can be obtained from the Committee's Web site at: www.njconsumeraffairs.gov/nonmedical/hiac.htm or the Committee office at (973) 504-6460.

Attach two clear, full-face passport-style photographs (2"x 2") of your head and shoulders, taken within the past six months. A photo is required with each application. (Do not use staples to attach the photo.)



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS
HOME INSPECTION ADVISORY COMMITTEE
124 HALSEY STREET, 3RD FLOOR, P.O. BOX 45043
NEWARK, NEW JERSEY 07101
(973) 504-6233

For Office Use Only
Application number: _____

Application for Licensure as a Home Inspector-Grandfather Provision

Date: _____

A nonrefundable application filing fee of \$125, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application for licensure.

Please supply an address for each category below and indicate (by placing an "X" in the appropriate box) which of these should be listed as your address of record. If your mailing address is a post office box, you may choose to have correspondence directed to you there but you may not use a post office box as your address of record. Your address of record must include a street address, city, state and ZIP code. **Note:** Your address of record is considered public information. It will be posted as part of the Online Licensee Directories at <http://www.state.nj.us/lps/ca/director.htm>. If you fail to designate an address of record, your home address will be considered your address of record.

Please print or type.

Personal Information

Last name	First name	Middle initial	Maiden name (if applicable)
-----------	------------	----------------	-----------------------------

☐ **Home Address**

Street	City	State	ZIP code	County
--------	------	-------	----------	--------

Telephone number (include area code)	E-mail address
--------------------------------------	----------------

☐ **Business Address**

Name of company	Telephone number (include area code)
-----------------	--------------------------------------

Street	City	State	ZIP code	County
--------	------	-------	----------	--------

☐ **Mailing Address**

Street or P.O. Box	City	State	ZIP code	County
--------------------	------	-------	----------	--------

Please indicate the address to which correspondence should be directed:

☐ Home ☐ Business ☐ Mailing

Please remember that if your mailing address is a post office box, it may not be used as your address of record. Your address of record must include a street address, city, state and ZIP code.

1. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
2. Do you currently hold, or have you ever held, a professional license of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If "Yes," for each license held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name. _____

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

3. Have you ever been disciplined or denied a professional license of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
4. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
5. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
6. Have you ever been named as a defendant in any litigation related to the practice of home inspection or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
7. Are you aware of any investigation pending against a professional license issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
8. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
9. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of home inspection or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions numbers 3 through 9 is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Proof of Insurance

N.J.S.A 45:8-76 requires that every “licensed home inspector and associate home inspector who is engaged in home inspection shall secure, maintain and file with the board proof of a certificate of an error and omissions policy, which shall be in a minimum amount of \$500,000 per occurrence. Every proof of an error and omissions policy required to be filed with the board shall provide that cancellation or nonrenewal of the policy shall not be effective unless and until at least 10 days’ notice of intention to cancel or nonrenew has been received in writing by the board.”

Name of agent		Name of insurance company		
Street	City	State	ZIP code	County
Telephone number (include area code)		Expiration date		

Education

- What is the name and address of the high school you attended? _____
Name of high school

Street address City State ZIP code
- What years did you attend high school? _____
- Did you graduate from high school? ☐ Yes ☐ No
If “Yes,” what was the date of your graduation? _____
Month Year
If “No,” did you study to receive a GED certificate? ☐ Yes ☐ No
If “Yes,” please provide the name and address of the educational institution that issued your GED certificate and the date the certificate was issued.

Name of educational institution

Street address City State ZIP code

Date certificate was issued
- Have you taken the National Home Inspector examination administered by either the American Society of Home Inspectors (ASHI) or the Examination Board of Professional Home Inspectors (EBPHI)? ☐ Yes ☐ No
If “Yes,” please indicate which examination you took and the date you passed the examination. ☐ ASHI ☐ EBPHI

Date

Home Inspection Experience

List 300 home inspections that you completed for compensation by **June 3, 2002**, in chronological order. You will be required to verify and submit copies of the home inspection reports that the Committee requests to review. You may provide a printed list from your database (as long as the inspections are listed in chronological order), or you may provide a typed list you have prepared as long as the list is in the format indicated below and the inspections are listed in chronological order. Please attach to this application the additional sheets of paper you will need to list the inspections.

[illegible]

Home Inspection Employment Record

N.J.S.A. 45:8-72 requires proof that the applicant has been engaged in the practice of home inspection for compensation “for not less than three years prior to the effective date of the Home Inspection Professional Licensing Act.” To meet this requirement, please list all employment completed by **June 3, 2002**, listing your current employment first. (Attach additional sheets of paper if necessary.) Please provide federal income tax information such as copies of your W2, the 1099 form, the Corporation-S tax return, or the Corporation-C tax return as it pertains to your home inspection business employment. If also self-employed, the Business Trade Name Certificate or the Company Certificate of Incorporation, whichever is applicable, should be submitted with the application for owned businesses.

Current Employment

☐ Employee☐ Owner☐ Shareholder

a.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Supervisor's title	Applicant's title

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

Previous Employment

☐ Employee☐ Owner☐ Shareholder

b.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Supervisor's title	Applicant's title

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

☐ Employee☐ Owner☐ Shareholder

c.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Supervisor's title	Applicant's title

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____
County of: _____ } ss.

I, _____, in making this application to the Home Inspection Advisory Committee for licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Home Inspection Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a license issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:8-61 et seq., together with the Rules and Regulations of the Home Inspection Advisory Committee, N.J.A.C. 13:40-15.1 et seq., and fully understand that in receiving licensure from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS
HOME INSPECTION ADVISORY COMMITTEE
124 HALSEY STREET, 3RD FLOOR, P.O. Box 45043
NEWARK, NEW JERSEY 07101
(973) 504-6233

Child Support Questions

Please certify, under penalty of perjury, the following:

1. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - a. If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - b. If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
2. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
4. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, _____, ☐ Consent ☐ Do Not Consent
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

Home Inspection Advisory Committee

Please print your name: _____

Questions 1 through 6a pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially, and retained separately. Please be aware that you have a right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question which you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. N.J.S.A. 45:1-20.

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a home inspector" is to be construed to include all of the following:

1. The cognitive capacity to exercise reasonable home inspection judgments and to learn and keep abreast of professional developments; and
2. The ability to communicate those judgments and related information to customers and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform the duties of a home inspector, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?
☐ Yes ☐ No
2. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**?
☐ Yes ☐ No ☐ Not applicable
3. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice?
☐ Yes ☐ No ☐ Not applicable
4. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety?
☐ Yes ☐ No ☐ Not applicable
5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
☐ Yes ☐ No
6. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.")
☐ Yes ☐ No
- 6a. If you answered "Yes" to question 6, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?
☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.

Signature of applicant

Date